

Uniform Application for Individual Adjuster or Apprentice License/Registration

(Please Print or Type)

Resident – Designated Home State: License #: Non-Resident – Designated Home State: License #: Soc. Security Number Other in the state is a security Number (NPN) The state is a security Number (NPN) The state is a security Number (NPN)	Check appropriate box for li Resident License	cense requested.								
Date of Birth		ome State:		_ License #	t:					
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Residence Home Address (Physical Street)	① Soc. Security Number		② If ass	signed, Natio	nal Produ	icer Nur	nber (NPN	N)		
Original Country Original Street Original Country Original Street Original Street Original Street Original Street Original Street Original Street Original Country Original Street Origin	3 Last Name	JR./SR. etc	4 First Na	ne		(5) M	Iiddle Nar	ne	6 Date of B	irth
(a) Home Phone Number									(month)	(day) (year)
Applicant enail address: Maile Female Yes	7 Residence/Home Address (Phys.	ical Street)	8 c	ity			9	State 10	Zip Code	11) Foreign Country
Applicant email address: If INOs, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.) Business Entity Name	•	_	_							
Business Address (Physical Street) Business Fone Number (include extension) (C) (C) Applicant's Mailing Address Business Fax Number (include extension) (C) (C) (C) Applicant's Mailing Address Business Fax Number (include extension) (C) (C) (C) (D) Business Fax Number (include extension) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		Male Female	(If NO,	and this is a				•	•	
Business Phone Number (include extension) (1 Business Entity Name	•	1							
(include extension) ((DBusiness Address (Physical Stree	et) 8 F	P.O. Box	19City		20	State		Zip Code	Foreign Country
3 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval) 3 Did you qualify for this license type by passing an adjuster examination? Yes_No_Comments If yes, which state What lines of authority did the adjuster exam cover (crop, workers' comp. property/casualty, etc.)? If Applying For Apprentice Adjuster List License Adjuster What lines of authority did the adjuster exam cover (crop, workers' comp. property/casualty, etc.)? If Applying For Apprentice Adjuster List License Adjuster What lines of authority did the adjuster exam cover (crop, workers' comp. property/casualty, etc.)? If Applying For Apprentice Adjuster List License Adjuster What lines of authority did the adjuster exam cover (crop, workers' comp. property/casualty, etc.)? If Applying For Apprentice Adjuster List License Adjuster What lines of authority did the adjuster exam cover (crop, workers' comp. property/casualty, etc.)? If Applying For Apprentice Adjuster List License Adjuster NPN NAME of Apprentice Adjuster List License Adjuster Agency or Business Entity Affiliations Employment History Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. Employment History Account for all time for the past five years. Give all employment education. Employment History Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment a		_	er	23 Busine	ess E-Mai	1 Addres	SS	(26 Business W	eb Site Address
b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval) 3 Did you qualify for this license type by passing an adjuster examination? YesNoComments	Applicant's Mailing Address	28 P	P.O. Box	29 City		30) State	31) Zip	Code	②Foreign Country
If yes, which state				•		•	y be subje	ct to state	approval)	1
Silist your Supervising Licensed Adjuster who will oversee all work product. NPN	If yes, which state									
NPN Name: First N/A Middle Name N/A Last N/A Jr./Sr/II State Identification # N/A Middle Name N/A Last N/A Jr./Sr/II		If Applying	g For Appi	rentice Ac	ljuster	List L	icense A	Adjuste	r	
Agency or Business Entity Affiliations (a) List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity) FEIN NPN Name of Agency FEMPloyment History Chaccount for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. FIND TO Month Year Position Held Name City State Foreign Country							_			
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Applicant Name:_____

	Jur	isdiction and Type	e of License	Requested					
	License Type	Major Lines of Authority				Limited Lines of Authority			
Jurisdiction	Adjuster	Property	Casualty Su	rety Marine	Crop	Workers Comp	Commercial Lines	Personal Lines	
AK AL*									
AR AR								1	
AZ									
CA CO*									
CT									
DC* DE									
FL									
GA* GU								4	
HI								_	
IA* ID								4	
IL*									
IN									
KS KY*									
LA									
MA MD									
ME									
MI* MN									
MO									
MS								4	
MT NC*									
ND									
NE NH									
NJ									
NM NV									
NY*									
OH* OK									
OR								<u> </u>	
PA* PR*									
RI									
SC SD*									
SD* TN*									
TX									
UT VI*									
VA									
VT* WA*									
WI									
WV*									
WY									

Uniform Application for Individual Adjuster or Apprentice License/Registration

Applicant Name:_____

	Background Questions	
⊗Th inc	e Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must lude an original signature.	
1a.	Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?	Yes No
	You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.	
	You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)	
1b.	Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?	Yes No
	You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)	
	If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?	N/AYes No
	If so, was that consent granted? (Attach copy of 1033 consent approved by home state.)	N/A_Yes No
1c.	Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense.	
	NOTE: For Questions 1a, 1b, and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.	
	If you answer yes, you must attach to this application:	
	a) a written statement explaining the circumstances of each incident,b) a copy of the charging document,	
	c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.	
2.	Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?	Yes No
	"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company	
	You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
	If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.	
3.	Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others	Yes No
	If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.	
4.	Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes No
	If you answer yes, identify the jurisdiction(s):	
5.	Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes No
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.	



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Applicant Name: 6. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated Yes ___ No___ for any alleged misconduct? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. Yes ___ No___ 7. Do you have a child support obligation in arrearage? If you answer yes, _Months a) by how many months are you in arrearage? Yes ___ No__ b) are you currently subject to and in compliance with any repayment agreement? _ No___ N/A c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) 8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to Yes ___ No___ the NAIC/NIPR Attachments Warehouse? If you answer yes Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No___ Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this

application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a

follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



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Applicant's Certification and Attestation

The Applicant must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year	
Applicant Signature	
Full Legal Name (Printed or Typed)	

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).